Rev.1/10rjm Small Business Loan Act of 2007								
	Personal Financia	al Stateme	ent	CONFIDENTIA	<u>L</u>			
Septemb			Complete a separate PFS statement for each person owning part of the business. Persons who are not owners should not sign this statement. This form is designed and requested by the Commerce Department to assist in the Loan Application review process.					
Return To:			Read all direct	tions before completing F	inancial Statement.			
			Apply your own income and assets and not the income and assets of a spouse or another person as a basis for extension of grant funding, complete the Financial Statement below only as it applies to you, individually.					
			Sign and date the Financial Statement.					
Name:			☐ Partner A form for each party will be submitted with the application					
Home Addre	ess:			Social Security #:				
Home Phone	e:			LRBOI Enrollment #:				
Assets		Even Dollars	Liabilities an	d Net Worth	Even Dollars			
Cash on har See Schedul	nd and in Banks— le A	\$	Notes Payable Schedule A	e: Bank—See	\$			
Real Estate Schedule C	Owned—See		Notes Payable: Other Institutions— See Schedule A					
Mortgages and Land Contracts Receivable—			Notes Payable—Relatives& Others					
Cash Value Life Insurance—See Schedule E			Real Estate Mortgages Payable—See Schedule C or D					
Other Assets Itemize			Accounts and Bills Due					
			Unpaid Taxes	3				
TOTAL ASS	SETS	\$	TOTAL LIAB	ILITIES	\$			

Sources of Income	Even Dollars	General Information					
Salary	\$	Employer					
Bonus and Commissions		Position or Profession No. Years					
Dividends		Employer's Address					
Real Estate Income			Phone No.				
Other Income: Itemize		Partner, officer or owner in any other venture? No Yes					
Are any assets pledged? No Yes		If so, explain:					
Detail in Schedule A							
TOTAL	\$						
Contingent Liabilities In Even Dollars		Are you now or were a defendant in any suits or legal action? No Yes					
		If so, explain:					
		Income taxes settled through (Date	e)				

I have carefully read and completed the foregoing information as requested by the Little River Band Department of Commerce. The information presented is as true and accurate a statement of my financial condition on the date indicated. Completion of this statement is requested for the purpose of obtaining and maintaining a Loan under the Small Business Loan Act of 2007 Ordinance. I agree that if any material change(s) occur(s) in my financial condition that I will immediately notify Department of Commerce of change(s).

I fully understand that I am fully obligated to repay the entire loan amount minus any qualified grant incentives. The above mentioned information is accurate and truthful to the best of my knowledge.

Applicant Signature	Tribal ID	Date of Birth	Date Signed	

Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions. List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	$Amount\ Owing$	Monthly Payment	Secured by What Assets
	TOTAL		TOTAL			

Schedule B: Partnership Interests (General & Ltd.)

Number of	Indicate:		Pledged		
Shares,	1. Name of Company or Agency issuing security	Yes	No		
Face Value	2. Type of investment or equity classification	of:	Value*	()	()
(Bonds), or	3. Number of shares, bonds or % of ownership held				
% of	4. Basis of valuation*				
Ownership					
		TOTAL			

^{*}If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Schedule C: Real Estate Owned (and related debt, if applicable)

Description of	Title in	Date	Cost +	Present	Mortgage or Land Contract Payable		
Property or	Name Of	Acquired	Improvement	Mkt.	Bal. Owing	Mo.	Holder
Address			\boldsymbol{S}	Value		Payt.	
1	1	TOTAL					
		101111					

Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)

	Description of	Title in	Date	Balance	Monthly	Mortgage or Land Contract Paya		
	Property or	Name Of	Acquired	Receivable	Payment	Bal. Owing	Mo.	Holder
	Address						Payt.	
,		TOTAL						